

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/017955
APPLICANT(S) May

FILING DATE

10-15-04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/		/		/
4		/		/		/
5		/		/		/
6		/		/		/
7		/		/		/
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49		/		/		/
50		/		/		/
TOTAL IND.	1		2			
TOTAL DEP.	2		45			
TOTAL CLAIMS	9		47			

	*		*		* 1075-04	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						/
52						/
53						/
54						/
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93						/
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95						/
96						/
97						/
98						/
99						/
100						/
TOTAL IND.					1	
TOTAL DEP.					24	
TOTAL CLAIMS					25	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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